

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED
JAN 29 2010

Secretary of State
Capitol Office
DATE STAMP

Candidate's Name Alice V. Harden
Full Address P.O. Box 20088 Jackson, MS 39289
Telephone 601 922-3426 Fax 601 359-2166
Contact Name _____ Email _____
Office Sought _____ Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. Candidates shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed. Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports the next business day before the deadline. Faxed reports are acceptable.

Senate
28

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$ 2,550	\$ 2,550	\$ 2,550
Total amount of disbursements \$	+\$ 2,400	\$ 2,400	\$ 2,400
Total amount of cash on hand		\$ 4,500	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Alice V. Harden
Signature of Candidate

1-30-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Harden Campaign Fund

Reporting period

Jan 1, 2009

through

Dec 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Reynolds America

Date
(Mo., Day, Year)

12/22/09

Amount of each
receipt
this period

\$ 500.00

Mailing Address

P.O. Box 2990

City, State, Zip Code

Winston-Salem, NC

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date

\$ 500.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Centene Management Co LLC

Date
(Mo., Day, Year)

12/10/09

Amount of each
receipt
this period

\$ 500.00

Mailing Address

City, State, Zip Code

St Louis, MO 63105

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date

\$ 500.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Optometry for Progress

Mailing Address

141 Executive Drive Suite 5

City, State, Zip Code

Madison, MS 39110

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)

12/12/09

Amount of each
receipt
this period

\$ 500.00

Aggregate
year-to-date

\$ 500.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

MS Power Company

Mailing Address

2992 Beach Blvd

City, State, Zip Code

Gulfport, MS 39502

Name of Employer (Required)

Occupation (Required)

Date
(Mo., Day, Year)

11/15/09

Amount of each
receipt
this period

\$ 250.00

Aggregate
year-to-date

\$ 250.00

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Bell South PAC

Date
(Mo., Day, Year)

11/15/09

Amount of each
receipt
this period

\$ 200.00

Mailing Address

175 E. Capitol Street

City, State, Zip Code

JACKSON, MS 39201

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date

\$ 200.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Astra Zeneca

Date
(Mo., Day, Year)

11/16/09

Amount of each
receipt
this period

\$ 500.00

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date

\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Date
(Mo., Day, Year)

___/___/___

Amount of each
receipt
this period

\$

Mailing Address

___/___/___

\$

City, State, Zip Code

___/___/___

\$

Name of Employer (Required)

___/___/___

\$

Occupation (Required)

Aggregate
year-to-date

\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Date
(Mo., Day, Year)

___/___/___

Amount of each
receipt
this period

\$

Mailing Address

___/___/___

\$

City, State, Zip Code

___/___/___

\$

Name of Employer (Required)

___/___/___

\$

Occupation (Required)

Aggregate
year-to-date

\$